

# Medication Release

Revised 10/2/2009

I give my permission for Gretchen's House staff to give or apply medication in accordance with the physician's instructions, as follows:

**By initialing this page after administering each medication, Gretchen's House staff documents they verified the 5 R's:**

**1) The Right child received the**

**2) Right medication 3) in the Right dose 4) at the Right time 5) by the Right method**

Child's Name	Medication
Reactions	
Date to begin giving medication	Date to stop medication
Times medication is to be given	Dosage
Storage of medication	
Other directions, if any	
Parent signature	Date

Date	Medication	Amount	Time	Staff Name	Time	Staff Name

